SENDER: COMPLETE THIS SECTION CASE 102-CI-00120-HJW	COMPLETE THIS SECTION ON DELIVERY DOCUMENT 6 Filed 10/14/2005. Page 1 of	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	i Y	Agent Addressee
	B. Received by (Printed Name) C. Date	e of Delivery
Article Addressed to:	D. 13 doil voly address different from team 1:	Yes No
Jac anna Italiano 331 Buckeye St.		
331 Buckeye St.		
Hamilton, OHUSO13	3. Service Type Certified Mail Express Mail	
	☐ Registered ☐ Return Receipt for M☐ Insured Mail ☐ C.O.D.	Aerchandise
	4. Restricted Delivery? (Extra Fee)] Yes
2. Article N 7002 08L0 0000 (Transfer from service raper)	1409 1873 1:02 CR	20
PS Form 3811, August 2001 Domestic Ret	um Receipt 0 102	2595-02-M-1540